



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>							
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>									
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>									

Work Order ID 94697

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\*94697\*

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Item ID: D3121-23

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Bearing

Stop

\*NS2\*

Start Date: 12/24/12 Start Qty: 40.00

\*40\*

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 40.00

\*40\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> Packaging	Identify as per dwg & Stock Location <u>ST235</u>	0.00				16x			<u>S</u> <u>B-01-08</u>
	Memo	0.00							
140 <b>*140*</b> QC Quality Control	QC21- Final Inspection - Work Order Release	0.00				13/1/10			<u>13-01-08</u> <u>MWS</u>
	Memo	0.00							

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____			<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			

# Picklist Print

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Page 1

Work Order ID: 94697

Parent Item: D3121-23

Parent Item Name: Bearing

Start Date: 12/24/12

Required Date: 1/11/13

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP A: 04.02.19 New Issue KJ/DS  
IPP Rev:B ECN 1060 07-11-12 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
6900ZZ Bearing		Purchased	No			100	Each	0.0000	1	40		143/01/17	Go

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

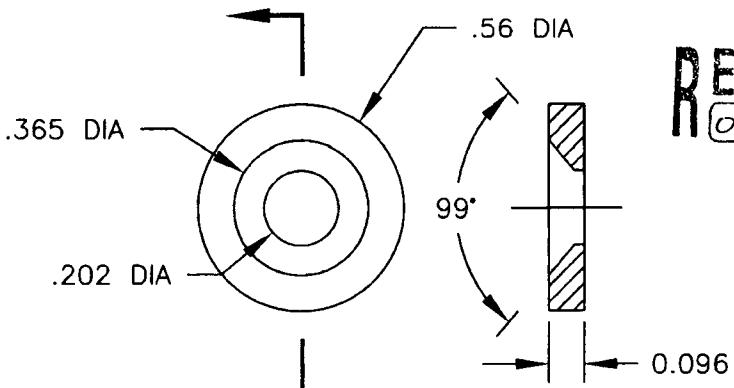
DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

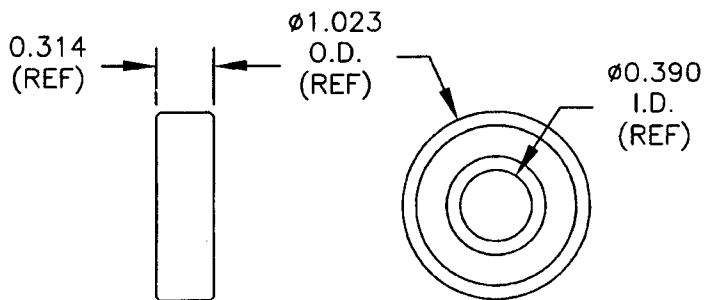
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				Bend BOM/Route Broken/Damaged Burrs Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio           Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabeled Misread Offset Out of Calibration Out of Sequence Outside Dimensions							
				Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge							
				Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled							
				<input type="checkbox"/> Other							

**DART**

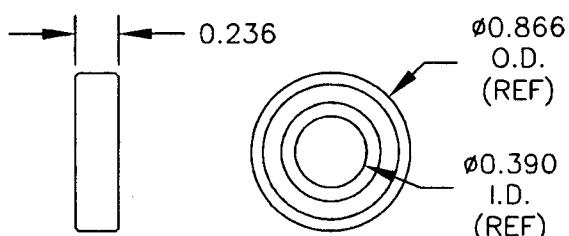
DESIGN	DRAWN BY	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
CHECKED	APPROVED	DRAWING NO. D3121
DATE 07.11.07		REV. E SHEET 10 OF 10 TITLE BRACKET ASSEMBLY SCALE 1:1

**D3121-17 WASHER (SCALE 2:1)**

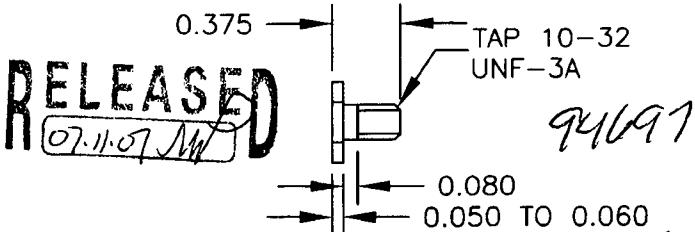
- 1) REPLACES PREMIER P/N B32-23001-17
- 2) MATERIAL: AISI 303 SS ROUND BAR, ANNEALED (REF DART SPEC. M303R)
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015

**D3121-19 BEARING (SCALE 1:1)**

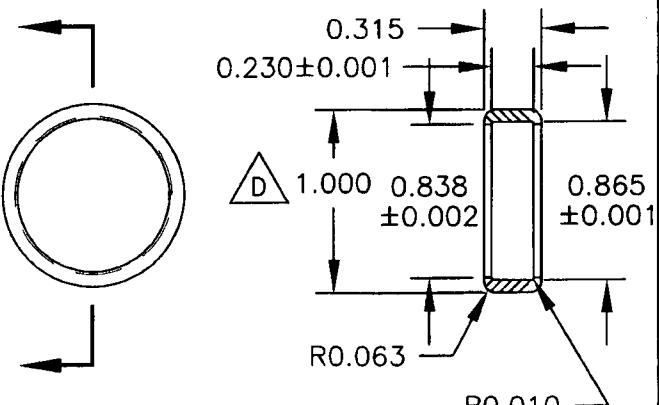
- 1) POSSIBLE SUPPLIER: KING BEARING P/N 6000-2ZJ/EM  
FAFNIR P/N 9100KDD
- 2) ALL DIMENSIONS ARE IN INCHES

**D3121-23 BEARING (SCALE 1:1)**

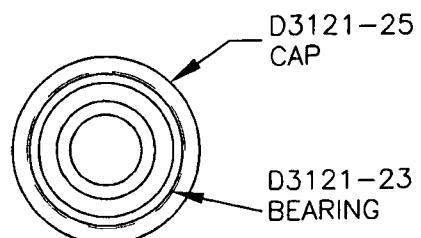
- 1) POSSIBLE SUPPLIER: SKF P/N 61900-2Z  
OR KML P/N 6900-2Z
- 2) ALL DIMENSIONS ARE IN INCHES

**D3121-21 BOLT (SCALE 1:1)**

- 1) MATERIAL: AISI 303 SS HEX, ANNEALED (REF DART SPEC. M303H0.500)
- 2) FINISH: NONE
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES
- 5) BREAK ALL SHARP EDGES 0.005 TO 0.015

**D3121-25 CAP (SCALE 1:1)**

- 1) MATERIAL: DELRIN ROD, Ø1.25 (REF DART SPEC. M-DELRIN-R1.250)
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES

**D3121-241 BEARING ASSEMBLY (SCALE 1:1)**



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

\*\*\*PO REPRINT\*\*\*

**Purchase Order ID PO18702**

**Purchase Order Date** 1/3/2013  
**PO Print Date** 1/3/2013

Page Number 1 of 1

Order From : VC-MAI001

MAIN INDUSTRIAL SALES LTD.  
1475, TESSIER  
HAWKESBURY, ON K6A 3S6  
CA

<b>Contact Name</b>		<b>Buyer</b>	Brigitte Golden
<b>Vendor Phone</b>	613 632 3595	<b>Requisition Nbr</b>	
<b>Vendor Fax</b>	613 632 0262	<b>Tax Resale Nbr</b>	10127-2607
<b>Vendor Account Nbr</b>		<b>Terms</b>	Net 30
		<b>Currency</b>	CAD
		<b>FOB</b>	Destination-Collect

**Ship To :** DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	6900ZZ	Bearing	1/4/2013 Yes	40.00 Each	Yours ppd	\$1.6200	\$64.80
Special Inst:		As per DWG: D3121 Rev: E B94697 SKF P/N: 61900-2Z or KML P/N: 6900- ZZ					
PO Total:						\$64.80	

No substitution or deviation without consent.  
Certificate of Conformity or Material Certification required - YES NO

Change Nbr:

**Change Date:** 1/3/2013

# MAIN INDUSTRIAL SALES LTD.

1475 TESSIER ST.  
HAWKESBURY ON K6A 3S6  
Phone: (613) 632-3595 Ext. Fax: (613) 632-0262  
sales@mainindustrialsales.com

# Packing Slip

DATE January 03, 2013

NUMBER 0000159327

CUSTOMER NO. DART

**BILL TO:**

DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY ON K6A 1K7

(613) 632-5200 Ext.

**SHIP TO:**

DART AEROSPACE LTD.  
1270 ABERDEEN ST.  
HAWKESBURY ON K6A 1K7

(613) 632-5200 Ext.

P.O. NUMBER	SALESPERSON	ORDER DATE	REQ. DATE	ORDER NUMBER
18702	EB	03-Jan-13		0000159327
F.O.B.	SHIP VIA	TERMS		
F.O.B. value	PICK UP	NET 30 DAYS		
PART NUMBER	LOCATION	UOM	QUANTITY	
0-69002ZKML KML BALL BEARING	6D6	EA	40	40
YOUR PART NUMBER : 6900ZZ				